ST. JOSEPH'S NURSING HOME

400	WATER	AVENUE,	P.O.	BOX	527	
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HILLSBORO 54634 Phone: (608) 489-8242		Ownership:	Nonprofit Church/Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	65	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	63	Average Daily Census:	61

Services Provided to Non-Residents	Age, Gender, and Primary Di	_				%		
Home Health Care Supp. Home Care-Personal Care	No No	!	8	Age Groups	%	1	11.1 54.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.2	More Than 4 Years	20.6	
Day Services Respite Care	No No	Mental Illness (Org./Psy)   Mental Illness (Other)		65 <b>-</b> 74   75 <b>-</b> 84	6.3 42.9	•	85.7	
Adult Day Care	No		0.0	85 <b>-</b> 94		   ***********		
Adult Day Health Care No   Congregate Meals No		Para-, Quadra-, Hemiplegic   Cancer	0.0	95 & Over 	7.9	Full-Time Equivalent   Nursing Staff per 100 Residents		
Home Delivered Meals No		Fractures	1.6	İ	100.0	(12/31/03)		
Other Meals Transportation	No No	Cardiovascular   Cerebrovascular		65 & Over 		   RNs	10.8	
Referral Service	No	Diabetes	9.5	Gender	왕	LPNs	7.2	
Other Services Provide Day Programming for	No	Respiratory   Other Medical Conditions		   Male		Nursing Assistants,   Aides, & Orderlies	38.0	
Mentally Ill	No			Female	68.3	•	00.0	
Provide Day Programming for Developmentally Disabled	No	 	100.0	 	100.0	 		

## Method of Reimbursement

		Medicare			Medicaid			Other			Private Pay	<u> </u>		amily Care			anaged Care	l 		
Level of Care	No.	00	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	્	Per Diem (\$)	No.	o <sub>l</sub> o	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	્	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	1	100.0	270	44	88.0	81	0	0.0	0	12	100.0	139	0	0.0	0	0	0.0	0	57	90.5
Intermediate				4	8.0	67	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	6.3
Limited Care				2	4.0	58	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.2
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		50	100.0		0	0.0		12	100.0		0	0.0		0	0.0		63	100.0

County: Vernon Facility ID: 8440 Page 2 ST. JOSEPH'S NURSING HOME

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03
Deaths During Reporting Period	-				0. 27 11		
Percent Admissions from:	l I	Activities of	%		% Needing sistance of	% Totally	Total Number of
Private Home/No Home Health					Or Two Staff	<del>-</del>	Residents
Private Home/With Home Health		Bathing	1.6	0110	63.5	34.9	63
Other Nursing Homes	0.0	Dressing	9.5		71.4	19.0	63
Acute Care Hospitals	82.5 i	Transferring	17.5		63.5	19.0	63
Psych. HospMR/DD Facilities		Toilet Use	17.5		68.3	14.3	63
Rehabilitation Hospitals	0.0	Eating	68.3		20.6	11.1	63
Other Locations	5.0  *7	******	*****	*****	*****	******	******
otal Number of Admissions	40	Continence		용	Special Treatmen	ts	용
Percent Discharges To:	1	Indwelling Or Exter	nal Catheter	6.3	Receiving Resp	iratory Care	4.8
Private Home/No Home Health	18.4	Occ/Freq. Incontine	nt of Bladder	58.7	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	7.9	Occ/Freq. Incontine	nt of Bowel	41.3	Receiving Suct	ioning	0.0
Other Nursing Homes	5.3	-			Receiving Osto	my Care	3.2
Acute Care Hospitals	5.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restrain	ed	11.1	Receiving Mech	anically Altered Diets	36.5
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	63.2	With Pressure Sores		1.6	Have Advance D	irectives	90.5
otal Number of Discharges	1	With Rashes		3.2	Medications		
(Including Deaths)	38				Receiving Psyc	hoactive Drugs	47.6

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities \*

\*

This Other HospitalFacility Based Facilities Facilties

% Ratio % Ratio
93.8 90.1 1.04 87.4 1.07
44.4 83.8 0.53 76.7 0.58
12.5 14.2 0.88 19.6 0.64
65.6 229.5 0.29 141.3 0.46
62.3 229.2 0.27 142.5 0.44
16.4 124.8 0.13 61.6 0.27
90.5 92.5 0.98 88.1 1.03
96.8 91.8 1.05 87.8 1.10
79.4 64.4 1.23 65.9 1.20
19.0 22.4 0.85 21.0 0.91
0.0 1.2 0.00 6.5 0.00
38.1 32.9 1.16 33.6 1.13 This Other Hospital- All Occupancy Rate: Average Daily Census/Licensed Beds Current Residents from In-County Admissions from In-County, Still Residing Admissions/Average Daily Census Discharges/Average Daily Census Discharges To Private Residence/Average Daily Census 16.4 Residents Receiving Skilled Care Residents Aged 65 and Older Title 19 (Medicaid) Funded Residents Private Pay Funded Residents Developmentally Disabled Residents 1.2 32.9 22.9 1.16 Mentally Ill Residents 20.6 1.16 49.4 0.99 General Medical Service Residents 23.8 1.01 Impaired ADL (Mean) \* 48.9 48.6 47.6 55.4 0.86

6.2

7.0 0.88

57.4 0.83

7.3 0.84

Psychological Problems

Nursing Care Required (Mean) \*